

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213553027</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>MODINE MANUFACTURING COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>WI</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>11/30/2013</b></p> <p>SCC ID NO: <b>F0164865</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>80,000,000</td> </tr> <tr> <td>PREFER</td> <td>16,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	80,000,000	PREFER	16,000,000
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PREFER	16,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1500 DEKOVEN AVE</p> <p style="text-align: center;">CITY/ST/ZIP: RACINE, WI 53403</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS A BURKE  TITLE: P/CEO  ADDRESS: 1500 DEKOVEN AVE  CITY/ST/ZIP/CO: RACINE, WI 53403 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS A BURKE TITLE: P/CEO ADDRESS: 1500 DEKOVEN AVE CITY/ST/ZIP/CO: RACINE, WI 53403	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: HOLGER SCHWAB  TITLE: RVP - EUROPE  ADDRESS: ARTHUR-B.-MODINE-STRASSE 1  CITY/ST/ZIP/CO: FILDERSSTADT-BONLANDEN,D-707,GERMANY  , , FN </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: HOLGER SCHWAB TITLE: RVP - EUROPE ADDRESS: ARTHUR-B.-MODINE-STRASSE 1 CITY/ST/ZIP/CO: FILDERSSTADT-BONLANDEN,D-707,GERMANY , , FN	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT D WOLLENBERG RVP-NA & CTO 1500 DEKOVEN AVE. RACINE, WI 53403	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID J ANDERSON DIRECTOR 1500 DEKOVEN AVE RACINE, WI 53403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES P COOLEY DIRECTOR 1500 DEKOVEN AVE RACINE, WI 53403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SURESH V GARIMELLA DIRECTOR 1500 DEKOVEN AVE RACINE, WI 53403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY O MOORE DIRECTOR 1500 DEKOVEN AVE RACINE, WI 53403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER W PATTERSON DIRECTOR 1500 DEKOVEN AVE RACINE, WI 53403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY L PETROVICH DIRECTOR 1500 DEKOVEN AVE RACINE, WI 53403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARSHA C WILLIAMS DIRECTOR 1500 DEKOVEN AVE RACINE, WI 53403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW J MCBURNEY VP, CPG 1500 DEKOVEN AVE. RACINE, WI 53403	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARGARET C KELSEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARGARET C KELSEY, VP-GC AND S PRINTED NAME AND CORPORATE TITLE	11/1/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			